NATIONAL CANCER INSTITUTE

Monthly Status Report

caEHR Deployment Support

Task Order Number 29XS233STO2
Basic Order Agreement 29XS233

May 2010 Activity

Booz Allen Hamilton
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caEHR Deployment Support- 29XS233STO2
May 2010

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Technical Status Overview

During May 2010, the Cancer Electronic Health Record (caEHR) Deployment Team made substantial progress with the tasks and deliverables outlined in Statement of Objectives for this Task Order (TO). Accomplishments included:

1. Submitting a draft and a final project management plan and schedule.
2. Conducting site visit planning calls with 4 of the 5 National Community Cancer Centers Program (NCCCP) sites selected to participate in the caEHR project.
3. Scheduling the fifth planning call and scheduling 2 of 5 site visits.
4. Defining a mechanism to hand-off functional and non-functional requirements gathered from NCCCP sites to the caEHR Analysis Team to inform ongoing project requirements.
5. Expanding and refining caEHR business capability definitions to facilitate discussions with the NCCCP sites regarding needs and priorities.
6. Developing an overall plan to assess the readiness of the NCCCP sites to deploy caEHR components.
7. Developing a detailed general assessment survey and interview guide to conduct site surveys.
8. Developing the approach to assessing the readiness of sites to deploy specific caEHR business capabilities and tying that assessment to an interoperability maturity model.
9. Developing a vendor engagement plan that highlights the assessment of vendor EHR products.
10. Developing different options for deploying caEHR specifications or components.
11. Defining responsibilities of the caEHR Deployment Team, NCCCP sites, EHR vendors, and other caEHR discipline teams in supporting the various deployment options/implementation strategies.
12. Conducting a Deliverable Review with Robbin Gosa and submitting an Overall Assessment and Deployment Plan and Project Summary Report, among other deliverables.

Description of Work Completed During the Month

External Meetings

Date	Topic	Project Attendees (Optional)
05/06/2010	Follow-up call with Billings Clinic	Heather Gleason, Maggie Hirsch
05/06/2010	Follow-up call with St. Joseph's/Orange	Josh Mann
05/10/2010	Follow-up call with Hartford Hospital	Pat Montanaro
05/11/2010	Follow-up with call CHI St. Joseph's Towson	Lance Grove, Beth Franklin

05/12/2010	Requirements and Use Case Discussion	Marc Koehn, Lucy Burge, Kevin Hurley, Robbin Gosa, Marti Velezis
05/13/2010	DSL Iteration 3 planning meeting	Srini Singaraju, PMO, COTR, Mary Greene
05/17/2010	RC1I2S2 Retrospective & RC1I3S1 Planning	Srini Singaraju, Development Team
05/19/2010	Initiation of UAT planning activity	Srini Singaraju, Lucy Burge, Test Team
05/21/2010	Site Visit Planning call with Billings Clinic	Heather Gleason
05/24/2010	Site Visit Planning call with CHI St. Joseph's/Towson	Monica Fulton
05/25/2010	Using ECCF for Business Capability Assessment	Robbin Gosa, Architecture Team, PMO, Lucy Burge, Alex Miroff, Kevin Hurley
05/25/2010	Tolven Evaluation Kick-off meeting	Srini Singaraju, Sarwar Faraz, Alex Miroff
05/27/2010	Deliverables Review	Robbin Gosa, Mary Greene
05/28/2010	Site Visit Planning call with Christiana	Rajiv Haravu
05/28/2010	Site Visit Planning call with St. Joseph's/Orange	Josh Mann
Various	PMO Weekly Update Meetings	Mary Greene, Alex Miroff, Kathryn Schulke
Various	Weekly Analysis Team Meetings	Lucy Burge, Alex Miroff
Various	Weekly DSL Meetings	Mary Greene, Alex Miroff
Daily	Daily Development SCRUM	Srini Singaraju
Various	QA/CI Stream Meetings	Srini Singaraju

Technical Progress

Activity	Description
Project Management	
Submitted draft and final project management plan and project schedule	Updated timeline and schedule to be consistent with June 2010 extension to the task order
Submitted Monthly Status Report	Included April activity
Submitted Project Summary Report	Detailed activity of the caEHR Deployment team from March 1, 2010 - May 31, 2010
Participated in weekly deployment status meetings with PMO	Prepared for and participated in weekly deployment status meetings with Robbin Gosa, Kevin Hurley and Marc Koehn
Created caEHR Deployment Wiki page	The Deployment team Wiki page was established and content entered. Deployment will be uploaded

	to GForge and linked to wiki page once GForge access and permissions are updated to allow submissions.
NCCCP Site Assessment and Deployment	
Developed and Submitted Overall Assessment and Deployment Plan	Completed and submitted the over-arching plan for the site assessment and caEHR deployment of business processes. In addition to the site assessment process, this document addresses the following deployment topics: the software release process; user acceptance testing; interface management; data management including data standards and semantics, data mapping, data migration, data dictionary, and data model; interoperability plan; security; certification and accreditation; ECCF / SAIF compliance; operations and maintenance; and risk management.
Developed site deployment interview guide	Developed site assessment survey and converted to interview guide to be used during site visits. Incorporated feedback from COTR and PMO.
Developed initial NCCCP Site Profile documents	These documents summarized publicly available information about the sites including patient volume, patient service areas, clinical expertise, technology, etc. The amount and type of information available varied across sites.
Evaluation of Survey Tool for site assessment	Found Survey Monkey to be inadequate for gathering site interview data. A full description of the evaluation will be produced in June 2010.
Developed site visit plan	Defined goals, assessment strategy, assessment criteria and risk/profile; created site visit plan template; reviewed existing NCCCP environment data; and other preparatory materials
NCCCP Site Engagement	
Scheduled site visits for two NCCCP sites, Billings Clinic and CHI St. Joseph, Towson	Site visits were scheduled for June 22 and June 30, 2010, respectively.
Conducted Site Planning calls with four NCCCP sites	Held individual conference calls with Billings Clinic, CHI St. Joseph/Towson, Christiana, and St. Joseph's Orange to discuss site objectives and expectations, roles/responsibilities, current EHR vendors, risks and mitigations and site visit activities
Developed template for collecting use cases and requirements	Developed the process and template for the Deployment Team to gather requirements from the sites and feed them back to the Analysis Team. Wrote draft document and reviewed it with the Analysis Team and the PMO. Initiated discussions with Analysis Team and PMO about site-specific use cases, specifying use cases will be focused on deployment of caEHR specific business capabilities.

Completed plans and materials for site visits planning calls	Created general agenda, pre-reads and other materials, and modified for each site as needed
Vendor Engagement	
Submitted Vendor Engagement Plan	Developed overall EHR Vendor Engagement Plan with six possible Deployment Options. Created a summary of commercially available information about the EHR Vendors and their applications. Created another summary of data on the EHR Vendors collected specifically from the participating NCCCP sites during the initial introduction conference calls.
Continued work on EHR vendor analysis	Continued work on an EHR Vendor Analysis document focused on the key five EHR Vendors working with the NCCCP sites. Documenting information about the EHR Vendors products, attributes, and dependencies.
caEHR Discipline Workstream Collaboration	
Refined Business Capability definitions	Worked with Analysis Team to and PMO to refine Business Capability definitions. The document was reorganized and additional oncology specific content was added
Reviewed artifacts from other disciplines	Reviewed master QA plan and provided feedback from deployment perspective
Attended program and discipline meetings	Attended DSL, architecture, and analysis meetings; first release/second iteration planning sessions; and daily scrum
Planned and created template for gathering Use Cases and Requirements from Sites	Worked with Analysis team to develop plan for gathering requirements and use cases from the sites and transferring the information back to the Analysis Team.
Assigned points-of-contact/liaisons for each discipline work-stream	Added Lucy Burge as the primary point-of-contact for the Analysis team

Task Status

Task	Status (% completed)	Comments
Project management plan	100%	Submitted version to COTR for review
MS project schedule	100%	Submitted updated MS project schedule to COTR for review based on revised task order
Monthly status report	100%	April activity submitted May 10th; financial update submitted with

		invoice in May
NCCCP Joint Kick-off	100%	Introductory letter, agenda, presentation, dry-run meeting with speakers, and actual meeting
NCCCP Follow-up Calls	100%	All follow-up call complete
Overall Site Assessment and Deployment Plan	100%	Developed over-arching plan for assessing site readiness to deploy caEHR components and executing the deployment.
Vendor Engagement Plan	100%	Developed overall EHR Vendor Engagement Plan with six possible Deployment Options. Created another summary of data on the EHR Vendors collected specifically from the participating NCCCP sites during the initial introduction conference calls.
Site Requirements and Use Cases	95% Requirements 40% Use Cases	Worked with Analysis team to develop plan for gathering requirements and use cases from the sites and transferring the information back to the Analysis Team.
Site Specific Deployment Plans	20%	Overall deployment plan was created first; template for site-specific deployment plan will be developed in June; site-specific deployment plans will be written once site visits are conducted and deployment products (specifications, software) are available.
Project Summary Report	100%	Submitted to COTR for review

Work Planned for Next Month

Activity	Description
Project Management	
Update project management plan as needed	Includes any changes to MS project schedule
Submit Monthly Status Report	For May activity; financial update with invoice
Expand caEHR deployment team	We plan to expand and reorganize the caEHR Deployment HIT team
Participate in weekly deployment status meetings with PMO	Prepare for and participate in weekly deployment status meetings with Robbin Gosa, Kevin Hurley and Marc Koehn
Upload artifacts to GForge and link to wiki	Will accomplish this after working with COTR to resolve permission issues with GForge
NCCCP Site Assessment and Deployment	
Draft Deployment Site Survey approach, process and template	Will allow the Deployment team to have a structured, consistent format to repor Site Survey findings
Finalize Interview Guide	Interview guide will be used to assess site readiness during site visits
Conduct site visits at Billings Clinic and CHI St. Joseph's Towson	Manage logistics, develop agenda and presentation deck, conduct visits and begin developing site visit reports.
Develop site infrastructure checklist	Used for analysis of NCCCP sites' hardware, software and networking
Develop plan for collecting site-specific use cases and requirements and communicating with Analysis team	Further discussions with Analysis team on this plan
Complete plans and materials for Business Capability working sessions	Create general agenda, pre-reads and other materials, if any
Schedule and conduct business capability sessions	Billings sessions will be conducted in person during site visit.
Finalize dates for remaining three NCCCP site visits	We will be working with the three remaining NCCCP sites to finalize dates for site visits
Vendor Engagement	
Continue EHR vendor analysis	Focus analysis on vendors working with awarded NCCCP sites. Develop EHR Vendor Communication Plan and establish initial contact with EHR Vendors that have their application deployed at the participating NCCCP sites.

caEHR Discipline Workstream Collaboration	
Continue to review artifacts from other disciplines	Review latest analysis and architecture artifacts including use cases and requirements documents
Attend program and discipline meetings	Attend DSL, architecture, and analysis weekly meetings; first release/third iteration planning sessions; and daily scrum

Risks and Mitigation

Risk	Severity	Mitigation Approach	Severity Post-Mitigation
Large institution EHR deployment approaches do not match requirements of the community setting.	High	Selection of MAeHC, an organization with extensive experience with the community practice setting. Direct feedback from participating NCCCP sites.	Low
Deployment activities do not effectively engage a complex software development effort.	High	Incorporation of personnel and organizations with experience with NCI-CBIIT software development processes and procedures.	Low
Development timeline delays negatively impact Deployment timelines.	High	Flexibility of the caEHR Deployment Team to support multiple deployments later in the period of performance if required.	Medium
caEHR features result in changes to practice operations that are not accepted by all practitioners, and as a result caEHR falls out of use.	High	Review of deployment plans with change experts. Monitoring of post-deployment usage to identify root causes of adoption failures.	Low
NCCCP sites lack the resources or Infrastructure needed to install tools in a timely manner.	High	Early identification of implementation resource gaps via assessments conducted in the inception phase and deployment plan reviews, allowing time for securing additional resources, use of 'Swat Teams'. Engagement of EHR vendors already working with NCCCP sites.	Medium
Regulatory and privacy concerns prevent data sharing.	High	Active engagement with community groups, patient advocates, and early implementation of data sharing plans.	Low
Requirements for caEHR adoption significantly differ from ASCO/NCI agreed functional profiles.	High	Early identification of interoperability requirements, allowing development teams and SAIC-Frederick/NCI with sufficient time to address scope changes.	Low
Other projects involving NCCCP sites diverts the sites' attention from the caEHR deployment or causes confusion about project requirements (e.g., the various outcomes projects). Both scenarios may cause delays in the caEHR Deployment project.	High	Establish ongoing communications with sites to surface issues, incorporate caEHR joint meetings into existing schedule of joint NCCCP calls for other projects, optimize use of web conferencing.	Medium

Risk	Severity	Mitigation Approach	Severity Post-Mitigation
Insufficient communication between caEHR Deployment Team and other Streams negatively impacts hand-offs and delays feedback	High	Establish caEHR Deployment Team liasons to other streams, attending other stream meetings, conducting working sessions with other streams as needed.	Low

Status of Deliverables

Deliverable/Milestones	Delivery Date	Status
10-ST1013-D01 Project Management Plan	May 17, 2010	Submitted
10-ST1013-D02 Monthly Status Report	May 15, 2010	Submitted
10-ST1013-D04 Site Requirements and Use Cases	June 30, 2010	In progress
10-ST1013-D05 Deployment Site Surveys	June 30, 2010	Will be completed after individual site visits
Overall Assessment and Deployment Plan	May 31, 2010	Submitted
Site Specific Deployment Plan	After site visits	In progress
10-ST1013-D07 Deployment Site Installation Report	15 days after site installation is completed	
Deployment Site Installation Summary Report Process, approach and template	June 30, 2010	To be developed in June 2010
10-ST1013-D08 User Acceptance Test report for specific sites	Within 15 days after UAT is complete	
User Acceptance Test report approach, process and template	June 30, 2010	In progress
10-ST1013-D09 caEHR Training Material	After June 30, 2010	Deferred to June 2010

Actions and Issues

Actions	Issues
See Technical Progress section	

External Dependencies

Dependency	Date	Status	Comments
Development timeline		On target	A change in the development timeline will affect the deployment timeline
NCCCP site resources		Continuing discussions	The deployment to NCCCP sites with insufficient resources could affect the timeline
NCCCP site visit availability		Two sites are available for June	Billings and St. Joseph's Towson are scheduled